

REFUND REQUISITION FORM

(Only for International Admissions)

Complete this form, scan and mail to: ravisekhar.k@srmmap.edu.in and admissions.ia@srmmap.edu.in

Applicant Details:

| | |
|----------------------------|--|
| Application Number | |
| Name of Candidate /Student | |
| Program Applied For | |
| School and Department | |
| Country | |

Payment Details:

| | |
|--------------------------------------|--|
| Reason for Cancellation of Admission | |
| Date of Payment | |
| Total Amount Paid | |
| Bank to which the amount is paid | |

Beneficiary Bank Details:

| | |
|---|--|
| BENEFICIARY NAME | |
| BENEFICIARY BANK NAME | |
| BENEFICIARY BANK ADDRESS | |
| BENEFICIARY ACCOUNT NUMBER | |
| BENEFICIARY ACCOUNT TYPE (SB/FCNR/NRI/NRE) | |
| BENEFICIARY BANK SWIFT CODE | |
| BENEFICIARY BANK IBAN NO. | |

Correspondent Bank Details: (if required)

| | |
|---|--|
| CORRESPONDENT BANK NAME (Give complete address along with Post Box No. (if any)) | |
| CORRESPONDENT BANK SWIFT CODE | |
| FED ABA | |
| CHIPS ABA | |

Note: Kindly go through the refund policy of SRM University – AP, for International Admissions and place the request.

Signature of the Applicant: